

MAILED DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/547662  
10/547662  
10/547662

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51					
2		/		/				52					
3			①					53					
4			②					54					
5			③					55					
6			④					56					
7			⑤					57					
8			⑥					58					
9			⑦					59					
10			⑧					60					
11			⑨					61					
12			⑩					62					
13			⑪					63					
14			⑫					64					
15			⑬					65					
16			⑭					66					
17			⑮					67					
18			⑯					68					
19			⑰					69					
20			⑱					70					
21			⑲					71					
22			⑳					72					
23			㉑					73					
24			㉒					74					
25			㉓					75					
26			㉔					76					
27			㉕					77					
28			㉖					78					
29			㉗					79					
30			㉘					80					
31			㉙					81					
32			㉚					82					
33			㉛					83					
34			㉜					84					
35			㉝					85					
36			㉞					86					
37			㉟					87					
38			㉟					88					
39			㉟					89					
40			㉟					90					
41			㉟					91					
42			㉟					92					
43			㉟					93					
44			㉟					94					
45			㉟					95					
46			㉟					96					
47			㉟					97					
48			㉟					98					
49			㉟					99					
50			㉟					100					
TOTAL IND.	/		↓		↓		↓						
TOTAL DEP.	11		←		←		←						
TOTAL CLAIMS	12												

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